

Hazardous Waste Site Dossier

I. Site Name

S.K.W. Industries (formerly Airco Alloys)
3801 Highland Avenue
Niagara Falls, (Niagara County), New York

II. Background to Investigation and Sources of Initial Referral

EPA learned of the site through the work of the Interagency Task Force study, and through their draft report, dated March 1979.

III. Site Description

The land disposal site is presently owned by S.K.W. Industries. It was formerly owned by Airco Alloys.

The western half belongs to S.K.W. Industries, the eastern half belongs to Airco.

A good percentage of the site is used for disposal of two (2) types of dust in a slurry form, ferrosilicon and ferrochrome silicon and calcium hydroxide.

They also dispose of two (2) forms of slag, ferrochrome silicon, and ferrochrome, the primary products, or materials used.

They are a combination of iron, silicon, chromium and manganese. Before 1964, the Witmer Road site was used for the disposal of similar materials by the Vanadium Corporation of America.

IV. Allegation of "Imminent Hazard" Pollution

The facility prepared an engineering report, for the installation of monitoring wells, on both, S.K.W. Industries and Airco Alloys retained property. They began monitoring surface water entering the property, and found high levels of total chromium (See Attachment 1).

Sample point #6, shows the surface water entering the site. Sample point #7, shows the surface water leaving the site. The source of the surface water is storm runoff water.

At this time, there is no property division line, between S.K.W. Industries and Airco Alloys. Background monitoring well data levels for iron, lead and manganese exceed the quality standards for Class 6A groundwater (See Attachments II and III) (Class 6A is the highest standard for groundwater, it is suitable for drinking). Niagara County Health Department (NCHD) records, show that there are two private wells in the area, they have already been contaminated.

One well shows, fecal coliform greater than 6500 mpn/100 ml, and 0.263 mg/l total volatile chlorinated organics. The other well shows fecal coliform values fluctuating from zero to too many

362534



heavy to measure. The NCHD, classified the wells, unfit for human consumption, and have advised the owners, (trucking companies) to use bottle water.

Data from the landfill monitoring wells shows that results for iron, and manganese, exceeds the recommended combined concentration of 0.5 mg/l (See Attachments II and III).

Down gradient monitoring wells data, (See Attachment IV) shows that levels, for iron and manganese, exceed quality standards for Class 6A groundwater.

Sampling data, shows contamination in the surface water entering the property and in both, the background and down gradient wells.

V. Current Involvement

New York State Department of Environmental Conservation (NYSDEC), recently issued the facility a permit, for operation of a semi-secure landfill.

DEC has requested quarterly monitoring, and reporting of the well data.

VI. Recommendation

EPA make a site visit. EPA analyze the landfill monitoring wells samples for the following parameters; chromium, iron, lead and manganese, and not their levels.

Attachment(s)

S.K.W. INDUSTRIES
(AIRCO ALLOYS)

"INHERITED" FROM ZACK DOBBY

STATE CONTACT: JOHN BECKER, P.E., BUFFALO NYSD DEC
REGION 9 8 437-4411 / (716) 842-5041

P.A. 2/26/80; SITE VISIT RECOMMENDED: 3/24/80
SITE VISITED 6/18/80

" " REPORTED 6/18/80; CLASSIFIED AS HAVING NOT
SERIOUS PROBLEMS. SAMPLING WAS NOT
RECOMMENDED BY INSPECTORS.

" RECEIVED - 9/15/80
T.D. 9/12/80 CLOSURE PLANS SUBMITTED BY AIRCO (INCL.
GRADING, COVERING, VEGETATING THE SITE).



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION 2 SITE NUMBER (to be assigned by HQ) MY 000001440

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

| | | | |
|---|----------|---|----------------|
| A. SITE NAME S.K.W. INDUSTRIES (FORMERLY AIRCO ALLOYS) | | B. STREET (or other identifier) 3801 HIGHLAND AVENUE | |
| C. CITY NIAGARA FALLS (NIAGARA COUNTY) | D. STATE | E. ZIP CODE | F. COUNTY NAME |
| G. OWNER/OPERATOR (if known) 1. NAME S.K.W. INDUSTRIES | | 2. TELEPHONE NUMBER | |
| H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN | | | |

I. SITE DESCRIPTION

LAND FILL DIVIDED BETWEEN S.K.W. & AIRCO ALLOYS - EAST AIRCO, WEST S.K.W. SITE IS USED TO DISPOSE OF FERROCHROME S.LICON + FERROCHROME

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

INTER AGENCY TASK FORCE ON HAZARDOUS WASTE

K. DATE IDENTIFIED (mo., day, & yr.)

MAR 1979

L. PRINCIPAL STATE CONTACT

1. NAME MR. JOHN BEECHER
MR. JACK TY GERT

2. TELEPHONE NUMBER

716-842-4311

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☒ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)

☒ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:

☐ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME

JACK DOBBS

2. TELEPHONE NUMBER

212-264-1573

3. DATE (mo., day, & yr.)

2/26/80

III. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO

☒ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO

☒ 2. YES (specify):

OFFICE - MANUFACTURING

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

| X | A. TRANSPORTER | X | B. STORER | X | C. TREATER | X | D. DISPOSER |
|---|---------------------|---|------------------------|---|---------------------------|---|--------------------------|
| | 1. RAIL | | 1. PILE | | 1. FILTRATION | X | 1. LANDFILL |
| | 2. SHIP | | 2. SURFACE IMPOUNDMENT | | 2. INCINERATION | | 2. LANDFARM |
| | 3. BARGE | | 3. DRUMS | | 3. VOLUME REDUCTION | | 3. OPEN DUMP |
| | 4. TRUCK | | 4. TANK, ABOVE GROUND | | 4. RECYCLING/RECOVERY | | 4. SURFACE IMPOUNDMENT |
| | 5. PIPELINE | | 5. TANK, BELOW GROUND | | 5. CHEM./PHYS. TREATMENT | | 5. MIDNIGHT DUMPING |
| | 6. OTHER (specify): | | 6. OTHER (specify): | | 6. BIOLOGICAL TREATMENT | | 6. INCINERATION |
| | | | | | 7. WASTE OIL REPROCESSING | | 7. UNDERGROUND INJECTION |
| | | | | | 8. SOLVENT RECOVERY | | 8. OTHER (specify): |
| | | | | | 9. OTHER (specify): | | |

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

SURFACE WATER ENTERING THE SITE, STORM RUN OFF IS HIGH IN TOTAL CHROMIUM, ⁽³⁰⁾ ~~AND~~ CONTAMINATION EXISTS IN BACKGROUND + DOWN GRADIENT WELLS.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

| a. SLUDGE | | b. OIL | | c. SOLVENTS | | d. CHEMICALS | | e. SOLIDS | | f. OTHER | |
|-----------------|----------------------|-----------------|----------------------|-----------------|----------------------------|-----------------|-----------------------|-----------------|-------------------------------|-----------------|----------------------------|
| AMOUNT | | AMOUNT | | AMOUNT | | AMOUNT | | AMOUNT | | AMOUNT | |
| UNIT OF MEASURE | | UNIT OF MEASURE | | UNIT OF MEASURE | | UNIT OF MEASURE | | UNIT OF MEASURE | | UNIT OF MEASURE | |
| X | (1) PAINT, PIGMENTS | X | (1) OILY WASTES | X | (1) HALOGENATED SOLVENTS | X | (1) ACIDS | X | (1) FLYASH | X | (1) LABORATORY PHARMACEUT. |
| | (2) METALS SLUDGES | | (2) OTHER (specify): | | (2) NON-HALOGNTD. SOLVENTS | | (2) PICKLING LIQUORS | | (2) ASBESTOS | | (2) HOSPITAL |
| | (3) POTW | | | | (3) OTHER (specify): | | (3) CAUSTICS | | (3) MILLING/ MINE TAILINGS | | (3) RADIOACTIVE |
| | (4) ALUMINUM SLUDGE | | | | | | (4) PESTICIDES | | (4) FERROUS SMLTG. WASTES | | (4) MUNICIPAL |
| | (5) OTHER (specify): | | | | | | (5) DYES/INKS | | (5) NON-FERROUS SMLTG. WASTES | | (5) OTHER (specify): |
| | | | | | | | (6) CYANIDE | X | (6) OTHER (specify): | | |
| | | | | | | | (7) PHENOLS | | | | |
| | | | | | | | (8) HALOGENS | | | | |
| | | | | | | | (9) PCB | | | | |
| | | | | | | | (10) METALS | | | | |
| | | | | | | | (11) OTHER (specify): | | | | |

FERROCHROME
SILICON
AND
FERROCHROME

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

TOTAL CHROMIUM
FECAL COLIFORM

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

HIGH IRON, LEAD AND MANGANESE - AND TOTAL
CHROMIUM

VI. HAZARD DESCRIPTION

| A. TYPE OF HAZARD | B. POTENTIAL HAZARD (mark 'X') | C. ALLEGED INCIDENT (mark 'X') | D. DATE OF INCIDENT (mo., day, yr.) | E. REMARKS |
|--|--------------------------------|--------------------------------|-------------------------------------|---------------------|
| 1. NO HAZARD | | | | |
| 2. HUMAN HEALTH | | | | |
| 3. NON-WORKER INJURY/EXPOSURE | | | | |
| 4. WORKER INJURY | | | | |
| 5. CONTAMINATION OF WATER SUPPLY | | | | |
| 6. CONTAMINATION OF FOOD CHAIN | | | | |
| 7. CONTAMINATION OF GROUND WATER | X | | | NIAGARA HEALTH DEPT |
| 8. CONTAMINATION OF SURFACE WATER | | | | |
| 9. DAMAGE TO FLORA/FAUNA | | | | |
| 10. FISH KILL | | | | |
| 11. CONTAMINATION OF AIR | | | | |
| 12. NOTICEABLE ODORS | | | | |
| 13. CONTAMINATION OF SOIL | | | | |
| 14. PROPERTY DAMAGE | | | | |
| 15. FIRE OR EXPLOSION | | | | |
| 16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS | | | | |
| 17. SEWER, STORM DRAIN PROBLEMS | | | | |
| 18. EROSION PROBLEMS | | | | |
| 19. INADEQUATE SECURITY | | | | |
| 20. INCOMPATIBLE WASTES | | | | |
| 21. MIDNIGHT DUMPING | | | | |
| 22. OTHER (specify): | | | | |

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

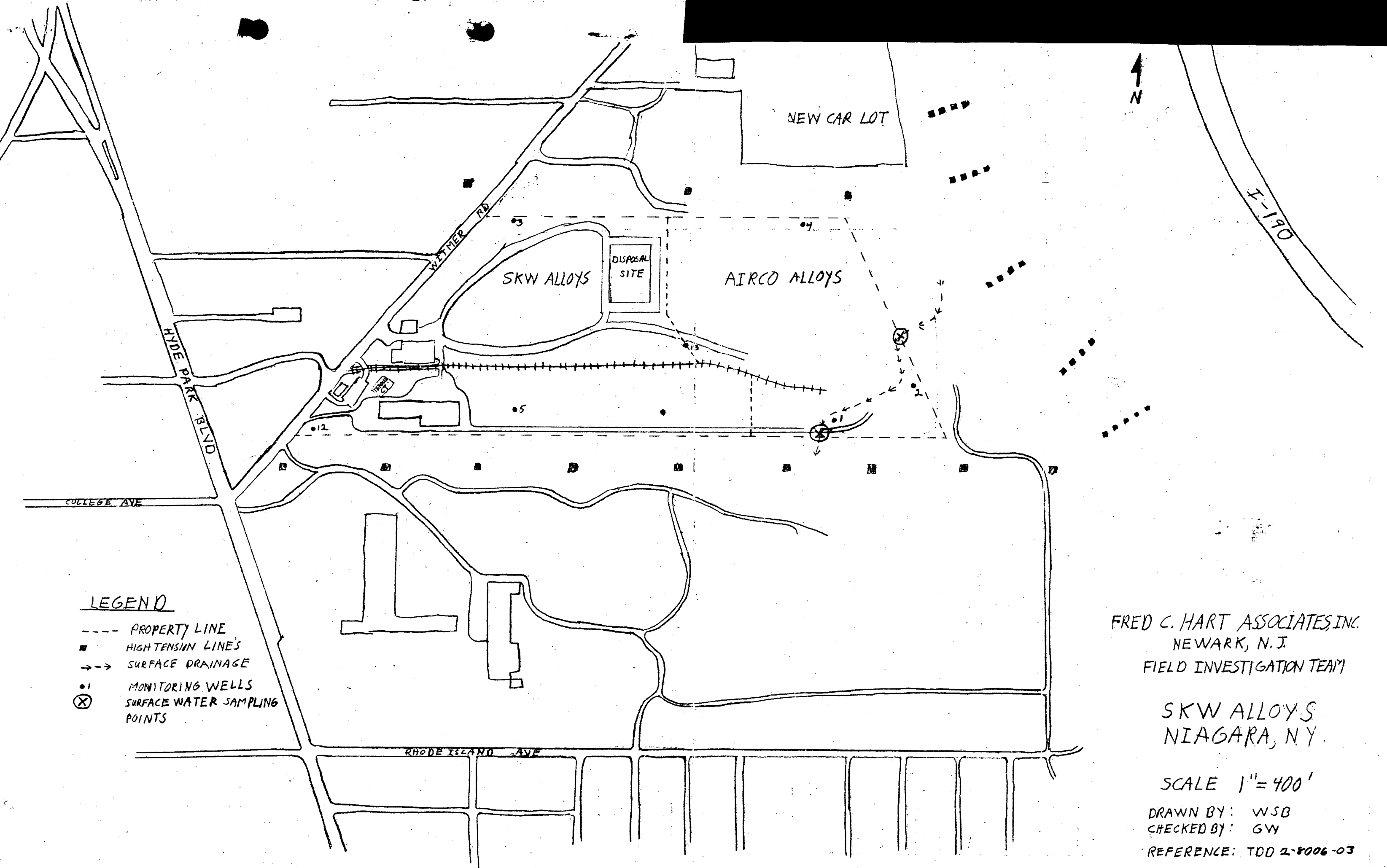
| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|--|------------------------------|----------------|
| | | | |
| | | | |
| | | | |

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|--|------------------------------|----------------|
| | | | |
| | | | |
| | | | |

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.





POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION

SITE NUMBER

II

NY0000001440

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME

S.K.W. INDUSTRIES (FORMERLY AIRCO ALLOYS)

B. STREET

3801 HIGHLAND AVENUE

C. CITY

NIAGARA FALLS, NIAGARA COUNTY

D. STATE

NEW YORK

E. ZIP CODE

14305

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

| RECOMMENDATION | MARK 'X' | ACTION AGENCY | | | |
|--|----------|---------------|-------|-------|---------|
| | | EPA | STATE | LOCAL | PRIVATE |
| A. NO ACTION NEEDED | | | | | |
| B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.) | | | | | |
| C. REMEDIAL ACTION (If yes, complete Section IV.) | | | | | |
| D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.) | | | | | |

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME

2. TELEPHONE NUMBER

3. DATE (mo., day, & yr.)

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

| A. REMEDIAL ACTION | B. ESTIMATED COST | C. REMARKS |
|-------------------------|-------------------|------------|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| D. TOTAL ESTIMATED COST | \$ | |

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

| 1. ACTION | 2. ACTION START DATE (mo, day, & yr) | 3. ACTION END DATE (mo, day, & yr) | 4. ACTION AGENCY (EPA, State, Private Party) | 5. COST | 6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED. |
|-----------|---|---------------------------------------|---|---------|--|
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |

B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

| 1. ACTION | 2. ACTION START DATE (mo, day, & yr) | 3. ACTION END DATE (mo, day, & yr) | 4. ACTION AGENCY (EPA, State, Private Party) | 5. COST | 6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED. |
|-----------|---|---------------------------------------|---|---------|--|
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |

C. MANHOURS AND COST BY ACTION AGENCY

| 1. ACTION AGENCY | 2. TOTAL MAN-HOURS FOR REMEDIAL ACTIVITIES | 3. TOTAL COST FOR REMEDIAL ACTIVITIES |
|---------------------|---|--|
| a. EPA | | \$ |
| b. STATE | | \$ |
| c. PRIVATE PARTIES | | \$ |
| d. OTHER (specify): | | \$ |